

Interview with RADM Frances Shea Buckley, NC, USN (Ret.). Nurse aboard hospital ship USS *Repose* (AH-16) and later Director of the Navy Nurse Corps. Interviewed by Jan K. Herman, Historian of the Navy Medical Department, 7 June 2005.

Years ago, when you were Director, we talked a little bit about your career. You told me that you were originally from western Massachusetts.

Chicopee.

And you went to school there?

Yes.

Where did you go to nursing school?

At St. Joseph College in West Hartford, Connecticut.

How did that work at that time?

There were very few degree programs at that time. And it wasn't that I didn't have enough sense to look for a degree, but my father was really a stickler for the law. If I had gone to nursing school in the 3-year program, I would have been 20 when I graduated and couldn't have taken the state board. He felt that I should go to college for a year and then go into nursing. We went around and around about that.

But finally, we found this school in Connecticut; there were only two baccalaureate programs at that time. One was at Simmons College in Boston and the other was at St. Joseph in Hartford. So that's where I went so I would be 21 when I graduated and could take my state boards.

And that's what you did?

Yes.

Now when you graduated and you took your boards, where did you go to work after that?

I went to work at New York Hospital. It was the Cornell Medical Center at that time and it was in Manhattan. That's when the Korean War broke out. They had it in the newspapers and posted it that they were going to draft nurses. So I figured I would go rather than be drafted. The true story is that I and another nurse went down to Times Square where they had the recruiting station and we went in. Everybody was out to lunch except a Marine.

I told him we wanted to join the military. So he told us how to get on the subway, where to get off, and what building to go to to talk to the Navy nurse recruiter. I don't know what would have happened if the Army or the Air Force were there that day. We were just going to join the service, period.

So there was no particular reason for joining the Navy except that the Marine just pointed you in that direction.

The right direction, and I've been forever grateful for that.

What a story.

Things happen by coincidence.

I don't think that you ever told me that story.

That's a true story.

So you joined the Navy and where did they send you?

Portsmouth, Virginia.

There wasn't a Newport as far as getting any orientation?

Oh, no. We went to Portsmouth, Virginia and you went to work on the wards. We didn't even have our uniforms yet. But I didn't even know that I couldn't wear my nursing cap or anything like that. I didn't know that we had something different. It wasn't like today where they really sit down and explain everything to you. We had to wait a couple of weeks for our uniforms to come, so we worked in our civilian clothes.

Now our orientation meant that we had afternoons that we went to classes and then a couple of afternoons a week we drilled in our white ward uniforms. The drill instructors were Marines who had been casualties in Korea and they really didn't care whether we learned or not. I guess they figured we were hopeless, anyhow. But we had to do some swimming and things like that, and abandoned ship drills. But that was it. We didn't have anything else.

What year was this, '50 or '51?

1951.

The war was going full blast in Korea, but you weren't really part of that. Did you see casualties of the war coming into the hospital?

Oh, yes. We had a lot of casualties. When the POWs were released, we had the POWs.

That would have been in '53, when the war ended.

Yes. We got a lot of POWs and the wounded. The wounded came back. Patients spent days and months in hospitals at that time. It wasn't like today. The rule was if the patient was there over 30 days, he could be detached from his ship or his station. And sometimes the kids would say to you, "I hate my ship; can I stay here for 35 days so I can be transferred?"

And it was no big deal. You would just do it because it didn't matter. And all the work was done by patients. The patients stayed there for months. We had a ward master sergeant or a chief who lined up kids who were healthy enough. Because these kids would go on liberty; they could do anything. But they just weren't considered well enough to go back to full duty. So they would use them. They were all the help, all the labor in the hospitals.

What were your specific duties in the hospital?

When I first worked there, I worked in OB for almost a year. And then I got out of OB and went to work on the wards. I was working on an orthopedic ward, primarily, and that's where we had so many casualties. Then they had an opening in the OR, and I thought I'd like to do that. So they sent me to the OR and that was really my basic nursing skills after that.

So you learned on the job how to be an OR nurse.

Absolutely.

How long were you at Portsmouth?

Three years until '54.

Where did they send you after that?

I got out because there was an illness in my family and I felt that I had to go home and to help take care of a relative. So I did, but I stayed in the Reserves. And at that time, if you were in the Reserves, every year was considered a good year. That meant that it was just like being on active duty. It counted as a year for a year. So I went to drill and everything else.

And then after a year, back in Chicopee, I went on to the University of Chicago to get post-graduate work in operating room technique and management. While I was there, I still was active in the Reserves and did everything in the Reserves. Then I went to work at the V.A. hospital in downtown Chicago. And still I was active in the Reserves. I got a grant, and went back to school and got a Master's degree.

Then I came back to the East Coast--to New York--for 3 months and then went down to see the recruiter and came back on active duty. That was in 1960. At that time, they weren't sending nurses to graduate school. They were barely getting them through a bachelor's program. So from there, I went to St. Albans.

And you were an OR nurse there?

Yes.

Because now you had the skills?

Yes, and I also taught the OR techs.

What year did you get to St. Albans?

I arrived there in November of 1960 and I was there for 2 years.

So you were there until what, 1962?

Yes.

As an OR nurse?

Yes.

Where did they move you after that?

Rota, Spain.

What was that like for you?

Well, it was great. It was a small hospital. I did not work in the operating room unless they really needed somebody in there. The numbers of times that I worked in there were not many. You worked all over. You worked on the ward; you worked in the outpatient clinic. I think we had about 15 or 16 nurses. There was a sub base there and an air base. So primarily you took care of patients, a lot of dependents. We had a big OB section; I worked OB or wherever they put me.

But your skills were still OR skills?

I know.

But at that time they needed you in other places, so they just moved you around and wherever you were needed?

That's right.

So you were there for how many years?

Two years.

And then came back to where?

This was 1964 and then from there I went to recruiting duty.

Where was that?

In Richmond, Virginia. I had all of Virginia, part of Indiana, all of Kentucky, and part of North Carolina.

How did Indiana get in there? That is not exactly next door to Virginia.

I know. But it's across the river from Kentucky. There was one college there. I can't remember the name of it, but it was right across the Ohio River.

Ohio and then Indiana. That was quite a territory.

It was, but it was an education. I thought why are they sending me to the South? They are going to hate me. I'm obviously a northerner.

Well, gee, I don't know how they would ever figure it out from your accent?

Right. But it was really good. It was an education because the situation in the South was so different than it was in the North. But they were always very gracious. The South considered it important, particularly that the males served. That was their responsibility. Whereas in New York, you had people who didn't want to go in. This was beginning of the Vietnam War. I got there in '65 and in '68 went to Vietnam and came back in '69.

Did you have trouble trying to fill your quotas?

Well, everybody had trouble, but not too much. I didn't have too much difficulty. I usually made my quotas, but our quotas weren't that many. I did very well with the student program. Remember, at that time we had the student program-- the Navy Nurse Corps Candidate program.

So it was pretty easy to fill those in places like the University of Virginia. Kentucky was more difficult. You could get recruits at some of the colleges but not many. Tuition was very low. And in Indiana, there was a college up there, but I can't remember the name of it right now. But I was able to get them from there. Direct appointments were a lot harder.

But I managed to meet the quota. Now some of them got out, but I couldn't help that. We got them in, anyway. The thing about Kentucky that was very, very interesting . . . I used to go up to a place called Berea. Have you ever heard of Berea College?

Yes, I have. It's in the coal mining country, isn't it?

During that time they were doing strip mining. It was awful. I would go up there to recruit and I only got one nurse out of there. Even though they were dirt poor, they just had to

work their way through school but they didn't want to leave the mountains. That was the problem. They didn't want to leave Kentucky. There was a hotel there, Daniel Boone, a very nice hotel, and they worked there, cooking and doing everything.

If they were nursing students, they worked in the hospitals as nurses' aides. And every one of the students had to work. So I don't know if it's still that way, although I still get brochures from them every year. You wouldn't go up there without someone being with you. Because, first of all, you wouldn't know if you were going to somebody's territory. It was really wild and wooly, where they carried shotguns and stuff.

The towns were so poor up in that area that they only had second-hand stores. No new stores. But that wasn't like Louisville or Lexington; that was different. But up in the hill country it was really poor.

Did you find that the war having an effect at that time on recruiting?

Oh no, not with nursing so much. It was different in this respect. If you went there to recruit, they would have a tea for you. It was just different from what most of the recruiters had expected. But there was a draft then. So they had many college students coming in to join the Navy to get commissioned so that they wouldn't get drafted. That wasn't unusual and sometimes I would have to interview the potential line officers to see what their personality was like or what their motivation was like. You knew what their motivation was.

So for that, it was an interesting experience. You had to be on your feet all the time. You traveled all the time and you had to talk to people all the time. You had to talk to parents and all that business. I never took a kid out for a drink, particularly in the South, even if they were 21 or 22. I knew that if I did that that would be the end of it. If you were going out, taking them to lunch or something, never offer them a drink because if their family ever found out, that would be the end.

Yes, parent pressure.

Oh, yes. You did what the locals did.

So everything was unlike now. Everything was on the up and up then.

Yes, it was.

So after you left recruiting duty, where did you go then?

From recruiting duty, I went to Vietnam.

How did that happen?

You didn't have a choice. Now let me tell you the real story. We used to have a recruiters' meeting every year wherever the American Nurse Association's convention was. At that time, the woman who was the head of recruiting was Betty Murray. She died a few years ago. She was a real character. And those of us who had a date to rotate out of recruiting were all lined up outside the little room she was using as an office at the hotel.

She had this really funny voice, and you could hear what she was saying to everybody else. The nurse in front of me said that she really would like to go to graduate school in Boston, since she was currently recruiting in Boston. And she said to her in this voice -- and it's her real voice -- "Danang will be fine."

Danang will be fine?

That's where she was going. Danang will be fine. So when I got to her, she said, "Miss Shea, where would like to go?"

I said, "I'd like to go to Vietnam."

And she said, "Would you like the hospital ship? The *Repose* will be fine." And everyone who was on recruiting duty was immediately sent to Vietnam.

Wow.

That was okay. We believed our own propaganda, right?

Well, the bit about the hospital ship, about the *Repose*. You didn't know that that was available. She just said you're going to the *Repose*.

Right. She didn't say *Repose* or *Sanctuary* or *Danang*--there was no choice. You're going to the *Repose*. And because I was an OR nurse, that's what I had, the operating room.

Well, I know that having talked to many, many nurses over the years, asking them about assignments that they had, that was the ultimate assignment for a nurse, to get a hospital ship.

Oh, yes.

That was every nurse's dream, because number one, it was the real Navy and number two, it was going to be this beautiful kind of state of the art place to practice medicine in an exotic environment.

Oh, are you kidding me?

Well, that's what the word was. It didn't turn out that way, but that's what people thought.

I know, I know.

And what did you think? Did you have any thoughts at all on it?

I thought it was the best experience that I could ever have. I mean that sincerely. Because I never saw so many people work together so much. I mean, not just say the nurses and the doctors. And your attitude about doctors change because you are more of a team and they are dependent on you just as you are dependent on them. It isn't that they see you on the ward and walk off and they don't see you again. They had to see you for breakfast, lunch, and dinner. So if you're going to have any disagreements, you better get them settled because you are going to be there all the time.

I had 12 corpsmen. We had OJT [on-the-job-training] on the ship. We didn't have enough corpsmen as OR techs, so we had to teach them.

I want to ask you, before you even get into that, I want to ask you about your preparation for going to Vietnam. Was there any preparation? Was there any kind of orientation or training or anything? Or you're just going and then you went?

That's it.

That was it?

No orientation.

How did you get to Vietnam?

I flew out to a place south of L.A. It was an Air Force Base.

It must have been either Beale or March.

I think it was March. But it was south of L.A., anyway. We took off and stopped in Hawaii about 4 in the morning. There was nothing there open or anything, but they had to refuel so they let us off the plane. Then we flew into Okinawa because some of the troops--the Marines particularly used to send their troops to Okinawa first and then over to Vietnam. And maybe they didn't do that all the time, but that was their pattern so that they could get the feel and then go in-country. So from there, I went to Danang.

Now this was '68?

Yes.

What month was it when you arrived in Danang?

It was early March of '68.

What do you recall about arriving in Vietnam?

Oh, yes. I remember. You can't forget. I remember; it was warm and filthy. The airport was just loaded with people. There weren't chairs or anything. These were G.I.s who were going back to the States, just lying all over the place. Or some of them were waiting to be picked up for wherever they were going or whatever outfit they were going to. I remember they said I had to go up to one of the desks and check in. I said, "I'm going to the *Repose*."

And they said, "Oh, you're lucky, she's in port."

And I thought oh, that's nice. I'll just get a ride down there and go on board. But it wasn't that way at all. I was sitting next to someone who said, "What you have to do is go out and hail a cab, hail a taxi." I truthfully didn't know. I thought, what kind of war is this? They have taxis?

Well, this truck pulled up and the guy said to me that I owed them for a ride. I said, "I'm waiting for a taxi."

And he said, "I'm it."

So I got into the truck and there were some Marines in the back. The first thing I noticed was that he had a weapon on the seat where I was sitting. I thought, "This wasn't very safe." So he brought me down to the pier.

That was an understatement, by the way.

I know. I don't know. I don't know what I thought because I had no idea. Somebody had told us a little bit, but it didn't mean anything. So then when I got down to the pier, I'm looking for this great big white ship tied to the dock, not knowing that no American ship was allowed to come in there. So it's out in the stream.

So you couldn't see it, could you?

Oh, no. It was like a 45-minute ride out. They said the *Repose* ship was there and they would take me out. So they did and we got out there.

When you were in this launch going out to the ship, was it at night or during the day?

During the daytime.

When you first saw it, what did you think?

I thought it was so beautiful. I thought it was the most beautiful ship, really. All white and with that big red cross. It was fantastic.

So this was like the nurse's dream come true?

Right. In those days, you wore your uniform with your bucket cap and high heels. I said, "How am I going to climb up there?"

And they said, "Well, you've got to climb up that ladder."

I said, "I can't do that. They'll have to put a cargo net over or something."

They said, "Yes you can."

The ship was rolling and everything. It was at anchor but was rolling. I thought, "Oh my God; I'm gonna die before I get up there." Then when I got up there, the first thing they said was, "You'd better get some sleep." However the person whose room I was supposed to take hadn't left the ship yet. I was a one-for-one replacement. So they sent me to a ward and that's where I slept for about 3 weeks.

Right in the ward with the patients?

Well, it was a double room with bunk beds. But that's where patients were. It was not the regular ward, but a ward with no place to put your things or anything. And then when that person I relieved left, I took over her stateroom with another nurse. Now I was a commander. No commander, except nurses, had to share their rooms. All other commanders had private rooms. But I'm not complaining about that; I'm just saying that was the reality.

So now you are aboard and you're a member of the staff. You were an OR nurse and did they put you to work right away?

The first week they had me work on a ward. The OR supervisor had not left and there was really no time for orientation. She didn't have any time for orientation. So they put me on a ward with the malaria patients. We had a lot of malaria and jungle rot. We probably had more medical cases in many ways than casualties, because they came down with all this jungle fever and all that stuff. So I worked on that ward for maybe 2 weeks. Then I went down to the OR.

Were there other OR nurses working there? There were several ORs on the ship, as I recall.

There were three operating rooms on the *Repose* and one nurse, period. There were two other operating room nurses because we rotated through. One took the recovery room and the other took what was called central supply. But she never was really in central supply, because I was on call every third night. So if I worked from 7 in the morning until maybe 5 the next morning, then she would come in at 7 and work that day and I would sleep.

So it depended on whether it was the recovery room nurse or the central supply nurse to staff the OR. Both were OR nurses. And we rotated that way because otherwise we would never get any sleep. I did the same thing with my corpsmen. If they had been up for 18 hours though, they could come back and work. But if they had been up beyond 18 hours, no. It was too exhausting.

When you got there it was April of 1968.

Yes.

Things were pretty busy, weren't they?

We were very, very busy.

What was a typical day like for you during that time or was there a typical day?

I used to go down the back ladder to the galley and pick up a cup of coffee and a roll or something and go downstairs. If the ORs were busy . . . Well, first of all, we had a couple of different kinds of categories. You had your patients that were casualties, obviously. Then you had some elective surgeries. Sometimes it was someone with a hernia or something like that.

Then you had children--Vietnamese children--that either were wounded or needed reconstructive surgery, like a cleft palate or a harelip. You also had the enemy, the Viet Cong. So if they tell you that they didn't categorize patients according to who they were, they are not telling you the truth. We tried to take our American casualties first. But, if it was a child, the child had to go first. The child could not withstand the physical stress of not going first if the child had been wounded. No questions asked.

If I were running the OR, the Viet Cong went last and the Americans went first. Sometimes there were people who would put the Viet Cong in, but I felt that the Americans shouldn't have to wait. If we didn't have any casualties, we did reconstructive surgery. So the ORs were always going. There wasn't a case of never having them active. And we categorized the patients when they came in. Now this sounds hard, I'll tell you, but usually we tried to do our chest cases or abdominal cases first.

And then usually, depending upon the situation, we did our heads--our crannies--last because they had the least chance of survival. At least that was what was thought. But what did we do when we had a patient who was a crannie and an abdominal wound and an amputation at the same time? We worked three teams. The fact that he was a crannie did not hold him back. We had to get him into the OR right away.

Those patients who could withstand it and wait a couple of hours, we could get them in. We did a lot of surgery. We rarely closed the incision. We left it packed open because every case was contaminated. There was no such thing as a non-contaminated case because of the dirt over there, because of the weapons used. Sometimes the Viet Cong would pack their mortars with feces.

We had dentists over there that did reconstructive jaw surgery or debridement until we could get them back to the States, of course. But the dentists were kept very busy with facial wounds. We had a team. But at that time--I'm not exaggerating--you had one technician in the room that could scrub and one technician that could circulate. Then you went between the rooms. You went from one to the other and then scheduled cases and did whatever you had to do. So it was a busy, busy time and we did a lot of surgery. I think the *Repose* did over 5,000 surgeries.

The whole time it was out there?

While the *Repose* was out there. I know that we did 2,000 while I was out there. And the reason I know that was for every thousandth case, the patient got a cake. And the second thousandth case was a Marine who was 19 years old. The orthopedic surgeon came running

down and said, "Hey, I've got your two thousandth case. He's a clean through-and-through in the chest. He's got a bandolier around his chest and everything."

He was a 19-year old black kid. We gave him his cake and talked to him. And he said, "Nobody ever had a cake for me before in my life." I thought, "You poor kid; you had to get shot to have a cake." You remember things like that. Some things I don't remember, but some things I do.

Are there any other patients that you remember for any particular reason?

Oh yes, indeed. Let me tell you about one. There was a gunnery sergeant who arrived on the ship in March or early April from Khe Sanh. He was wounded through the chest. His name was Gunnery Sergeant Charles Perkins. It looked like it was clean through-and-through but his color wasn't good and we had him sitting up. As he was getting ready to go into the OR he said, "How does it look, nurse?"

I said, "Hey Gunny, it looks like a clean through-and-through and you ought to be okay."

Well, I was wrong. It was a clean through-and-through the pancreas, through the gall bladder, through the liver. It missed the vena cava by a centimeter. They had to remove his spleen.

He came back to the operating room 11 times before he died. He bled out. But everybody on the ship knew him and everybody remembers him. When we had that reunion the last time, we were sitting around talking. Shirley Peters remembers when they flew a helicopter with 18 Marines on board to give blood for him. It was just a terrible thing.

Everybody always seems to remember him. I met the corpsmen who took care of him at the last reunion and they all remembered him. Then about 3 months ago, I was looking through a paper . . . and I never go to the Wall that I don't touch it . . . there are only about three or four names that I remember.

The wall here in Washington?

Yes. Anyway, I read in the VVA newspaper that someone was trying to find out about Gunny Sergeant Charles Perkins. Anybody who knew him was asked to please notify that person. This was 3 months ago. I don't usually read that paper. So I sent an e-mail and said, "I need to know who you are and why you want to know."

Well, this woman was engaged to him, pregnant at the time, and he didn't know it. She was going to get married to him in Hawaii when he had his R&R. She lost the baby early in May and he died in May. She said she had been trying all these years to find out what happened to him.

So I told her what I knew. It appears that she had contacted other people for information. She's not satisfied. I told her to go and get some therapy. She is living 37 years ago, you know?

But she did find somebody else who knew him and he e-mailed me. He was a Marine; he was in Connecticut, a Marine who was a grunt living up in Khe Sanh in those holes. He said that gunnies didn't know privates very well because you didn't associate with gunnies. But he said that the gunny used to come to him all the time and say, "Take those labels off of your helmet." He had some labels up there that said, "Kiss me: I'm Irish." His mother had sent them to him. "Get rid of them because a sniper will get you."

But he never took them off the helmet. On St. Patrick's Day, the gunny threw him this package, all wrapped in green and said, "Happy St. Patrick's Day, you Irish bastard." When they opened the package, there were a dozen or more hamburgers that he had to have taken from

someplace. And he said how all the guys in his little hole there had hamburgers for breakfast. What an amazing story. Recently I got another e-mail from her and she said that she is going to try to get some therapy.

I'm looking in the book here. It was the 17th of May, 1968 when he died.
Yes.

Charles Harold Perkins, gunnery sergeant.

Oh, everybody remembers him. When we were sitting around the table at that reunion in Las Vegas, I was remembering the day the gunny came in. And then everybody started talking about their relationship to the gunny. It's an amazing thing.

He must have had some personality for them to have remembered him like that.

I just think he was brave. I don't remember anything about his personality at all. Most of the times I saw him, he was getting ready for anaesthesia. But on that day, he just asked what his wound was. But the corpsman who took care of him really knew him very, very well. So things happen and you don't think they will follow you years later.

I usually ask this question last, but it's probably a question that I could ask you now. It's been 35 or 36 years since you were in Vietnam. And to ask you if you think about it much anymore is almost a silly question to ask. You must think about it a lot.

Well, you do but you don't know that you are thinking about it. Something will come up. I went to a meeting the other night and it turned out that there was a dentist there who had been on the *Repose* the year before I was. I didn't know him. And we got to talking. It's one of those things. And I still hear from some of the people on the *Repose* that were there who are still alive. My roommate died of agent orange-related causes. And so did Emanuel, by the way.

Oh, really, was it?

I got a notification from the V.A. a couple of weeks ago. And the *Repose* is where I met Emmanuel, but we were friends. He was the AO, the administrative officer on the ship.

Who was the skipper of the hospital at that time?

The skipper of the hospital was [Herbert] Markowitz. He was a POW of the Japanese during World War II. He was an orthopedic surgeon. He died here a few years ago. The story is that the Japanese were afraid of him. He was truly driven. Nobody got turned away. We would be working until 3:00 or 4:00 in the morning and he'd be up coming down to the OR and he'd say, "Can I call in the helicopters."

One time we got a Marine. He was 19 or 20. Everything from the hips down was gone--bladder gone, everything. But he was alive. Since his spinal cord was severed, he didn't feel anything and didn't know it. He was 19 and a handsome kid. They brought him in but didn't know what they were going to do. And Markowitz said, "I'm doing him; nobody else is doing him." Nobody wanted to do him. They knew he was going to die, you know.

I always respected him for that. He took the worst case that he knew he had no chance of saving and worked on him to try and save him. With what skin flaps were left, they literally diapered him. He died a half hour after we got him off the table. But at least Markowitz was a leader. Nobody wanted to do that case, because they knew he was going to die. But he wasn't

going to let him just die. He wanted him to at least to have an opportunity. He never would have made it. But I respected Markowitz for that and for everything else he did, too.

And I guess you would remember leaders like that.

Markowitz was really tough. There were no two ways about it.

I guess if you've been through POW camp, you would be tough.

Patients came first and nothing else. As I said, you'd be cleaning up after 18 or 19 hours and he would come in and say, "Can I send in the choppers?" You might as well say yes, because he was going to do it anyway. You might as well be gracious about it. And CAPT Markowitz met every single helicopter that came in.

How were you assigned the patients you received?

It depended on how they worked it out. There was Danang and there were the two hospital ships. And they went according to what your backlog of OR cases were. You would have to give a report every night. "What's your backlog?" Well, we will be done in 4 hours. And if Danang was going to be done in 6 hours and the *Sanctuary* in 10 hours, then we got the next bunch of casualties. So that's how it worked.

Years ago, I remember you wrote that little piece for *Navy Medicine*.

Right.

And you know, we re-printed it last year. Did you know that?

No.

One of our nurses who had read it back in the early '80s when we published it in the magazine read it and said that the nurses today needed to hear this stuff and so we re-printed it. So you were published twice in *Navy Medicine*.

Oh, my goodness.

But I remember at the time that you and I had talked about that article. And you felt the need to tell about your experience on the hospital ship in Vietnam.

Well, I felt if I didn't, who would? I mean it's something that we didn't talk about. And if I didn't say "Look, it's not easy; you have a hard time. Because by that time, I was Director, wasn't I?"

Yes.

If I couldn't say I had a hard time, how could I expect young kids to say it? And even now, they had me go up and speak to the group that came back from Camp Pendleton. I did an exercise with them. Based on that, the nurse who was in charge said that they were making arrangements to see that they would have the ability to go and talk to a therapist. Because you just can't bury that stuff. It comes out some place.

I'm trying to recall what you said, but was it the fact that these kids were so young? Was that what made it so difficult? Was it the nature of their wounds? What was it?

Well, the heartbreaking part of it was not just that they were so young, but they were so brave. They would say things that would break your heart. Like, "Nurse, take care of my buddy first." Here he is bleeding to death and he's telling to take care of the guy in the next rack. That's hard to take. You can take it if they are nasty and mean.

And even my corpsmen. They were 18 or 19 years old, and I had one 21--he was the old man. And they had maybe 4 hours of sleep and I had to get them up for a case. And I said that I was sorry that I had to get them up and they would say, "It's okay, it's okay, they didn't ask to get hit." The tremendous concern for other people, I think, is what is so hard to take. It would be easier to take it if they were mad at the Viet Cong and mad at all that happened to them. The anger may have come later, but it certainly didn't then. Every Marine would say the same thing, "Take care of my buddy first" or "What happened to my lieutenant?" or "Do you know where my sergeant is?" It was just heartbreaking.

How did you deal with the stress?

You buried it, but it came out later on. You buried it; you really did. It's just like it's another day and you don't pay any attention to it. You don't cry; you just don't do anything. You just bury it.

But at some point it comes out.

It has to come out.

When did it come out for you?

Well, I don't usually tell this to people. Not that it makes any difference, but when I was Director of the Nurse Corps and had HSETC [Health Sciences Education and Training Command] and whatever else, there were a few people that really gave me a hard time. They did unbelievable things.

Well, things happened that made me so angry, so angry, I knew that if I didn't go and see somebody, I'd lose my temper, and I couldn't afford to do that. There were people who did a lot to try to make you lose your temper. So I went to see a woman who was a civilian therapist. In the therapy, she said, "You are not angry; you're furious." And we talked about that, and I would go and tell her what had made me so angry. Then she told me that I also had some problems with Vietnam and that I needed to talk about it. And so I did.

When AMSUS [Association of Military Surgeons of the United States] asked me to give a speech, they asked me to talk about Vietnam. They were going to have three psychiatrists up there, but they didn't tell me that. One was Jim Sears and Jim had been on the ship with me. There was another one that was going to talk about some other problem, and then there was one from Israel who spoke about the handling of psychiatric casualties.

I thought they were going to talk about care of casualties. But they got up and talked about statistics. And I thought that I had been shot down. But I got up and gave that talk. A lot of people came and said that they could relate to it.

Well, it certainly is timeless. It's a timeless thing that you talked about in that article. And it's the same situation today.

I told those kids you just can't bury it. You can't do that. You've got to go to a therapist. They do that now with the kids coming back anyway. They have them see somebody. Not that

it is going to be 100 percent, but it's going to help. But it does change you. Things that were important before are no longer important.

What changed, do you think?

I think my stress level changed. I wouldn't get as stressed out about things as I might have prior to going there. You just sort of get into an acceptance mode. The ability to work together with people was very important. You had to get along with people because you were living on the same ship for 365 days or whatever. I think that the reality of it all made a difference. I don't know if that explains it. It does change your life.

It seems like after such a stressful and very concentrated experience, being on a ship and not being able to get off that everything after that would seem like gravy. Everything would seem simple after that.

Yes, but you get impatient. After Vietnam I went to Boston and I was teaching the nurses OR. And I had to get out of it. Not because of the nurses, not because of the kids, but because of the doctors. These guys hadn't been in a combat situation and they would come in and be demanding. I mean, they would say, "We've got an emergency; it's an appendectomy." Things that would be emergency to us, they had never even experienced. But things that were emergencies to them, we wouldn't have even taken out of a dressing room. They would have gone into a little aid station or something and had their wound debrided and that would have been it.

I knew I had to get out. They asked me if I wanted to get out of the OR and I said yes, that's okay. And they said they were going to give me orders.

This was after you got back from Vietnam.

Oh, yes. I went back to Chelsea after I got off the ship.

You felt that after serving in the OR on the ship, you just couldn't deal with what Chelsea had to offer. It was a different level of urgency.

Level of trauma. Sickness can be pretty demanding. Now if they're demanding because they are choosing for the patient, that's one thing. But if they are demanding because it's an ego thing, that's something else entirely. I got so used to the surgeons on the ship who were tired a lot of the time. But whatever you gave them, they could work with. Whatever you did for them, they were happy to have it. And you get back into the real world and it's not like that.

I interviewed a physician who was at Charlie Med in Vietnam. In fact, maybe you know him, Bill Mahaffey?

Yes.

He said when he came back from Vietnam after being an anesthesiologist at Charlie Med, he couldn't deal with what he called the Mickey Mouse he encountered at Portsmouth.

That's it.

Everything seemed so Mickey Mouse after the level of intensity that he saw in Vietnam. These people wanted to make sure that they got off work early on so they wouldn't get into traffic.

I know. I have one. I was working the night before Thanksgiving and this guy--an orthoped--came up and wanted to do a case. I said that I couldn't, because I had a ruptured aortic aneurism on the table. I said, "As soon as he gets off, we'll book you." And he said to me, "I can't work tonight; I have got to go home and stuff a turkey for my wife."

Oh, no.

Oh, yes.

You're lucky you didn't kill him.

Another time we had a patient come in and two of the anesthesiologists had been in Vietnam. The patient was a fellow from a German ship who got caught between a rocket and a rocket launcher. It was a high amputation and they whisked him on up there and said that we had to get going.

Well, I was the instructor. The other nurse, who was the OR supervisor, had been on the *Sanctuary*. And one of our corpsmen had been with the Marines. So we told him to go scrub and the two of us got the room set up. After it was all over with, the doctors that were on that case said, "We just never saw anything happen so fast." And we just looked at one another like they were crazy. Of course, this is what we did all the time. This was nothing new. We didn't have time for this nickel and dime stuff.

This surgery took place where?

This was when I was stationed in Boston. Most of the doctors had never seen anything like that. Our two anesthesiologists did a blind intubation on him, got him on the table, and got him ready to go in 5 minutes. Then we had the room set up in that time. The doctors were so amazed. We just looked at them, because this was nothing new to us. I mean it. It was nothing new. Mahaffey was right. It was just Mickey Mouse that you had to listen to all the time.

He said after he got back to Portsmouth, he realized he couldn't stay there, and he said that he wanted to go back with the Marines. And so he went out to Camp Pendleton and he said at least he felt more comfortable working with them than he did in Portsmouth. When you came home from Vietnam, what was that like? How long were you there?

I was there for 13 months. I actually left from the Philippines. The ship was on its way to the Philippines, so I rode the ship back to the Philippines and I tried to sneak off the ship early because I didn't want to have to say goodbye. They used to ring the bell when anybody was departing. So I was trying to sneak off the ship but they saw me anyway and rang the bell. It was hard. You wanted to go, but it was hard to leave because you really felt bad.

Did you feel like you were abandoning them?

Yes.

They needed you and you were leaving.

I was leaving, yes. And how could anybody do it as well, which is nonsense, of course. You just feel that way. What are they going to do if I'm not here? But I think a lot of people felt that way. So I got the plane out of the Philippines, Clark Air Force Base. We came into San Francisco and I was unprepared for San Francisco because there were a lot of hippies there, anti-war protesters. So then I got into San Francisco and somebody met me.

Were you in uniform?

Yes.

What kind of reaction did that set off?

I guess because somebody picked me up and took me away in a car, I didn't have the reaction that other people had. Other people had terrible reactions when they came in. They were spit at and everything. But I didn't have that.

I went down to San Diego to visit a relative and then went to New York and stayed in Brooklyn a couple of nights. I was probably back in the States for 4 or 5 days before I went home. I just wasn't ready to go home. I took a 30-day leave and I went back to work after 2 weeks.

I was so tired, all I did was sleep. My folks didn't know what was wrong with me. They thought that something was seriously wrong. But I was just exhausted. So I would sleep all night and then be up for awhile and then lie down on the couch and go to sleep. I finally figured that this has got to stop. So I reported for duty 2 weeks early.

Which was Chelsea?

Yes.

That was closer to home, too.

It was. I chose it.

So your this was your transition back to America. Once you got over the fatigue aspect of it, did it seem fairly normal after that or did you still have Vietnam problems?

I think I had a Vietnam problem. I denied it, but I think I did. You see, none of us ever talked about it. We never, ever talked about it. And there were half a dozen of us who had been in Vietnam together and we never said that anything bothered us. I think that that was not a good thing. But that was the way it was. We do now.

You talk about it now when you go to the reunions.

Oh yes, we do. But we didn't then.

Was it at some point you decided that it was okay to talk about it? Was there some milestone or something that prompted you all to talk about it?

A couple of things came up. There was a book that came out--*Home Before Morning*.

It was an Army nurse who wrote it--Lynda Van Devanter.

We were all madder than hell at her for writing it. She talked about their social life and things like that. She died a couple of years ago, you know.

She did?

Agent Orange related. I remember reading it in *The Alliance* or something like that. I met her and sort of softened my feelings. We were angry because we felt she was putting emphasis on things that shouldn't have been emphasized. These Army nurses were just babies. I mean, let's face it. I was a commander when I went over there. We had lieutenants over there

and we had some JGs. But these Army kids were right out of college, 6 weeks at Ft. Sam [Houston] and then right to Vietnam. I mean, it was horrible for them. They had never really seen that many sick patients or anything else. And what they did to them was not good.

With us, you went to the ship and stayed on the ship. With them, you stayed 6 months way up where all the fighting was. Then you were pulled back to an area where there wasn't fighting. Or you were at the place where there wasn't fighting and you put back up to where there was. And they resented it, which I think was right. They should have left them alone. But it wasn't a decision for me to make. So the Army kids had a lot of problems.

I remember talking to Bobbi Hovis and she was angry about the same book, apparently.

Oh yes, we all were. I'll tell you why. She talked about the drinking and the sex and all that.

The drugs, the drugs.

And that didn't have anything to do with caring for combat casualties. Did we have drinking on the ship? I don't know. We weren't supposed to have any alcohol. I know that there was alcohol there. But was anybody ever drunk? I only saw one who came down to the OR dead drunk. It was a Sunday morning and I nearly had a fit. He was a young doctor, an ophthalmologist. I said, "What are you doing? You've got to get upstairs. If the XO sees you, you're dead."

He told me what had happened. "When I was a resident, I saw one enucleation. In my time here, I've done eleven bi-lateral enucleations." It was just more than he could take. He said, "I'm here to save eyes." And that killed him. That's the only person on the ship I ever saw drunk. I called his roommate and he came and got him out of there so the XO wouldn't see him.

So there didn't seem like there was much time on the ship for any foolishness, anyway.

Occasionally, they would go ashore. The ship's skipper was really concerned about morale. It's whether or not we had the time. They would send some boats ashore with people to spend a few hours shore, have a couple of beers, and come back. They actually had more than a couple of beers before coming back. But that was different than drinking on the ship.

Or you could go ashore if you had somebody to go with you and you didn't have to work that day and the boat was going. I didn't get out very often because of the work schedule. I'm not complaining about that. But I used to have to send my corpsmen to Danang if we were running low on supplies.

There was a group called "Godfrey's Raiders." Godfrey was a lieutenant commander in the MSC. If you needed something in particular and it hadn't come from the States--instruments and things like that--you'd go to see Godfrey's Raiders and he would give them to you. Where he had them, where he got them, nobody knew and nobody ever asked.

But he got them.

He got them.

I think the word is cumshaw.

Yes, it was cumshaw. But he was really a good guy.

I was going to ask you this. Recently I interviewed a retired Marine Corps colonel who, as a young 2nd lieutenant, was very badly wounded in Vietnam. He was saved by a corpsmen and ended up on a hospital ship, I think it was the *Sanctuary* and then ended up in a hospital in Guam. It took him a long, long time to recover from his wounds, but he was found fit for duty and he stayed in the Marine Corps until he retired after 27 or 28 years. I asked him the question that I asked you earlier, if he thinks about Vietnam much anymore and he said that he really hadn't until recently, until the war in Iraq. And that's brought back a lot of memories for him.

Yes.

Is that true for you?

It's true, because you feel like you want to tell them that it's okay, that they are going to be okay but to do the best that they can. It's so intense all the time. You don't have time to step back and ask if you're doing the right thing or how is it going. You wish that you were there to help them and you can't be.

So in other words, they have to go through essentially the same thing you all went through.

But they have help.

They have intervention now. When they come back, they debrief or whatever and you didn't have that. You were expected to come back and just start working as if nothing had ever happened.

Nothing had ever happened, exactly.

I want to thank you for spending time with me this afternoon. I really appreciate it.
It's always a treat to talk to you because you listen.

Well, I love hearing about your career.

I had a great career. If I had to do it again, I would do it again.

You would do the whole career over again?

I would do the whole thing over again. And if I had to go, I would be a Navy nurse again. I think they are the greatest people going. They are there for you when you need help. Even now, these kids don't realize that. But there's going to be a time when they are going to need help. And you can't always count on family, because they are not with you.

There's eight of us nurses here, I guess, and the people here don't understand us because if there is somebody that needs something, we are willing to go and do it. And they think that's wonderful, but we think it's what we've always done. It's an amazing situation.

That's what Navy nurses do.

That's right.

Thank you so much. I appreciate it and I'll be talking to you again. What I'd like to do is some point is to finish the oral history, take it from Vietnam to when you were

Director. Because we never really did that, and that's important, too. So I'll give you some time off so you can recover from this.

Have a great weekend.

Goodbye.